

# VELNEXT HEALTH CARE

## WOUND CARE COMPANY

280/3609 TAGORE NAGAR GR. NO. 2 OPP AASTHA HOSPITAL VIKHROLI EAST MUMBAI 400083  
MOB.09565916130, EMAIL-velnexthealthcare9565@gmail.com

TO WHOMSOEVER MAY CONCERN

PATIENT NAME-MS ZOFIYA RAHIM KHAN

DATE – 26/02/2025

RESPECTED SIR/MADAM,

AS SUGGESTED BY DR MAHINOOR DESAI PATIENT NAME ZOFIYA RAHIM KHAN  
REQUIRES VAC DRESSING TILL

HER WOUND GETS COMPLETELY HEALED. PT ZOFIYA WILL REQUIRE WOUND  
HEALING MATERIAL WHICH

INCLUDES THIN FOAM AND INFECTION COLLECTION CANNISTER AND TWO  
CANNISTER ARE USED IN ONE

WEEK HER WEEKLY COST OF VAC DRESSING WILL BE RS 14352 AND WILL  
CONTINUE AS LONG WOUND GETS COMPLETELY HEALED

APPROX COST OF TOTAL WOUND HEALING WILL BE RS 14352 X 30 WEEKS

=RS 430560 PLEASE DO THE NEEDFULL

THANKING YOU

VELNEXT HEALTH CARE

VELNEXT HEALTH CARE



# TAX INVOICE

Company's Name - VELNEXT HEALTH CARE  
 Address - 280/3809, TAGORE NAGAR, GRO. NO. 2 OPP.  
 AASTHA HOSPITAL,  
 VIKHROLI EAST, MUMBAI  
 GSTIN : 27GYLPM4849C120  
 State : Maharashtra Pin code : 400083  
 Contact Details - +91 95559 16130  
 E-Mail ID : velnexthealthcare9565@gmail.com

Consignee (Ship to)

GSTIN :  
 State : Pin code :

Buyer (Bill to)

BAI JERBAI WADIA CHILDREN HOSPITAL  
 PT. NAME - ZOFIYA RAHIM KHAN, ROOM NO. 7, SAI PRASAD  
 CHAWL, OPP SONAJI NAGAR, NEAR MITTAL GROUND, BEHIND  
 LAJAWAS HOTEL, MUMBAI THANE, CODE - 27

State : Maharashtra Pin code :

Invoice No. 956804

Dated - 24/MAR/2025

Delivery Note

Mode/Terms of Payment

Reference No. & Date -  
 956804/24-MAR-2025

Other References

Buyer's Order No.

Dated

Dispatch Doc No.

Delivery Note Date

Dispatched through

Destination

Bill of Lading/LR-BR No.

Motor Vehicle No.

Terms of Delivery

Sl. No.	Description of Goods	HSN/SAC	Quantity	MRP	RATE	Amount
1	VELNEXT SMALL KIT BATCH 1024385L	3005	1	7000.00	7000.00	6160.00
2	EXP 30-10-27 CANISTER 500 ML NEW EXP 30-10-29	3005	1	3000.00	3000.00	2640.00
	<u>BILL AMOUNT PENDING RS 10000/- ONLY</u>					
3	MACHINE RENT/MACHINE MUST BE TAKEN BACK/MACHINE NUMBER/TURSDAY					600.00 600.00
	<u>CGST-6%</u> <u>SGST-6%</u>					
	Taxable Value			10000	10000	8600
	Total Invoice Value					₹ 10000.00

Amount Chargeable (in words) :

Scanner	HSN/SAC	Taxable	CGST		SGST/UTGST		Total Amount
			Rate	Amount	Rate	Amount	
	3005	8800.00	6%	600.00	6%	600.00	10000.00

Tax Amount (in words) :

Company's Bank Details

Declaration : We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Bank Name : YES BANK  
 A/c No : 141161909000558  
 Branch & IFSC Code : YESB0001411

Customer's Seal and Signature

Authorized Signatory



(ORIGINAL FOR RECIPIENT)

Invoice No. <b>GMDPL2425/01719</b>	Dated <b>10-Feb-25</b>
Delivery Note <b>CHALLAN NO.196</b>	Mode/Terms of Payment
Reference No. & Date. <b>1719 dt. 10-Feb-25</b>	Other References
Buyer's Order No.	Dated
Dispatch Doc No.	Delivery Note Date <b>27-Nov-24</b>
Dispatched through	Destination

This is a Computer Generated Invoice



# Tax Invoice

Company's Name - VELNEXT HEALTH CARE  
Address - 280/3609, TAGORE NAGAR,GRO. NO. 2 OPP.  
AASTHA HOSPITAL,  
VIKHROLI EAST, MUMBAI

GSTIN : 27GYLPM4849C120

State : Maharashtra

Pin code : 400083

Contact Details - +91 95659 16130

E-Mail ID : velnextheakthcare9565@gmail.com

## Consignee (Ship to)

Company's Name  
Address

GSTIN :

State

Pin code :

## Buyer (Bill to)

BAI JERBAI WADIA CHILDREN HOSPITAL

PT. NAME - ZOFIYA RAHIM KHAN, ROOM NO. 7, SAI PRASAD  
CHAWL,OPP SONAJI NAGAR, NEAR MITTAL GROUND, BEHIND  
LAJAWAB HOTEL, MUMBRA THANE, CODE - 27

GSTIN :

State : Maharashtra

Pin code :

Invoice No. 956501

Dated - 03/FEB/2025

Delivery Note

Mode/Terms of Payment

Reference No. & Date, -  
956501-03/FEB/2025

Other References

Buyer's Order No.

Dated

Dispatch Doc No.

Delivery Note Date

Dispatched through

Destination

Bill of Lading/LR-RR No.

Motor Vehicle No.

Terms of Delivery

Sl. No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	VELNEXT SMALL KIT BATCH 1024386L	3005	1	6471.42		6471.42
2	EXP 30-10-27 CANISTER NEW	3005	2	3175.89		6351.38
Taxable Value						12823
CGST						769.37
SGST						769.37
Total Invoice Value						₹ 14361.54

Amount Chargeable (in words) :

Scanner	HSN/SAC	Taxable	CGST		SGST/UTGST		Total Amount
			Rate	Amount	Rate	Amount	
	3005	12822.80	6%	769.37	6%	769.37	14361.54

Tax Amount (in words) : =M49inwrd

## Company's Bank Details

Bank Name : YES BANK

A/c No : 141161900000550

Branch & IFSC Code : YESB0001411

Declaration : We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Customer's Seal and Signature

**VELNEXT HEALTH CARE**

Authorised Signatory

This is Computer Generated Invoice

(ORIGINAL FOR RECIPIENT)

Invoice No. <b>GMDPL2425/01771</b>	Dated <b>20-Feb-25</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date. <b>1771 dt. 20-Feb-25</b>	Other References
Buyer's Order No.	Dated
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	MRP/ Marginal	Quantity	Rate	per	Disc. %	Amount
1	<b>FOAM DRESSING NPWT SMALL STERILE</b> <i>Batch : 1024386L Expiry : 30-Sep-27</i>	3005	7,248.00/PCS	<b>1.00 PCS</b> 1.00 PCS	4,121.00	PCS		<b>4,121.00</b>
2	<b>CANISTER (NEW)</b> <i>Batch : 1024234L Expiry : 30-Sep-29</i>	3005	3,557.00/PCS	<b>2.00 PCS</b> 2.00 PCS	2,403.00	PCS		<b>4,806.00</b>
								<b>8,927.00</b>
								<b>535.62</b>
								<b>535.62</b>
								<b>1.76</b>
	<b>OUTPUT CGST</b>							
	<b>OUTPUT SGST</b>							
	<b>ROUNDED OFF</b>							
	<b>Total</b>			<b>3.00 PCS</b>				<b>₹ 10,000.00</b>

E. & O.E.

**Indian Rupees Ten Thousand Only**



HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total
		Rate	Amount	Rate	Amount	Tax Amount
3005	8,927.00	6%	535.62	6%	535.62	1,071.24
<b>Total</b>	<b>8,927.00</b>		<b>535.62</b>		<b>535.62</b>	<b>1,071.24</b>

Tax Amount (in words) : **Indian Rupees One Thousand Seventy One and Twenty Four paise Only**

Company's VAT TIN : 27590289508V DT.01.04.2006

Company's CST No. : 27590289508C DT.01.04.2006

Company's PAN : AACCG-3460-H

### Declaration

I/We hereby certify that my/our registration certificate under The Maharashtra Value Added Tax Act, 2002 is in force on the date on which the sales of goods specified in this Tax Invoice is made by me/us and that the transaction of sale covered by this Tax Invoice has been effected by me/us and it shall be accounted for in the turnover of sales while filing of return and the due Tax if any, payable on the sales has been paid or shall be paid.

### Company's Bank Details

Bank Name : CANARA BANK A/C 125003949911 OD A/C

A/c No. : 125003949911

Branch &amp; IFS Code: PAREL &amp; CNRB0000110

for GALAXY MEDICAL DEVICES PVT LTD

Authorized Signatory

SUBJECT TO MUMBAI JURISDICTION

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